# A METHOD OF EXCISION OF THE SHOULDER-JOINT.

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In excising the shoulder-joint, the principal difficulty encountered is the separation of the tendinous insertions into the major and minor tuberosities of the humerus. Whether this separation be accomplished with the periosteal elevator, the knife, or the scissors, much time is consumed, and the tissues are usually left in a very ragged condition. In the case of the hip- and ankle-joints, König has overcome similar difficulties by chiselling a shell of bone from the trochanter major or the malleoli, and retracting this osseous shell with its periosteal and tendinous attachments. König's method of hip and ankle excision has so much to recommend it on account of its simplicity, if for no other reason, that the writer ventures to urge its application to the shoulder-joint.

*The Operation.*—Step 1. Expose the joint by Ollier's method. Abduct the arm, and have an assistant hold it in a position of nearly a right angle to the axis of the trunk. From a point one-half inch below the clavicle and beside the coracoid process, make an incision four and one-half to five inches in length, directed downward and outward towards the insertion of the deltoid. The incision divides the skin and subcutaneous tissue. Distinguish the outer border of the deltoid. Incise the deltoid a little to the outside of and parallel to its internal margin, thus avoiding injury to the cephalic vein and a large branch of the acromio-thoracic artery. Retract the outer side of the wound (skin and deltoid), thus exposing the head of the humerus.

Step 2. Rotate the arm so as to make out the bicipital

groove. Incise the joint capsule throughout its whole extent parallel and external to the tendon of the biceps. Place a chisel in position against the outer margin of the bicipital groove and cut the great tuberosity separate from the shaft. Reflect outward the detached shell of bone (major tuberosity) with all its connections, both tendinous and periosteal. Lift the long head of the biceps outward after freeing it from its synovial sheath. With the chisel cut the lesser tuberosity free from the shaft of the humerus. Retract inward the shell of bone (minor tuberosity) with its tendinous and periosteal connections, and with the long head of the biceps. Dislocate the head of the humerus into the wound, at the same time severing its posterior attachments with elevator, or scissors, in the usual manner.

The rest of the active operation is completed in the usual well-known manner. The shells of bone (the tuberosities) which remain attached to the periosteum are examined, and, if diseased, removed; if free from disease, replaced. In replacing them, one or two points of suture, uniting their non-osseous connections, should be so placed as to keep the long head of the biceps superficial to them. The closure of the wound and after-treatment present nothing novel.

The operation described above is so simple and saves so much time that the writer believes it must have been described by others, but never having seen such a description, he ventures to bring it before the surgical public.

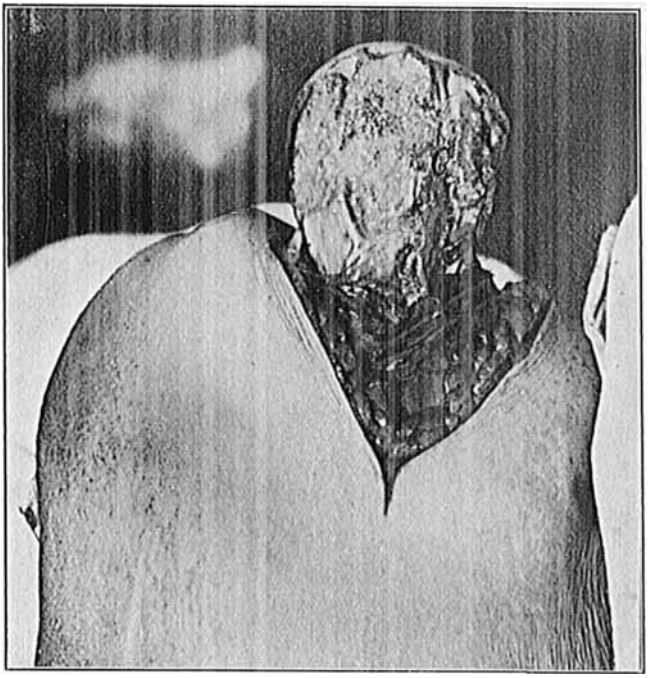

FIG. 2.—*C*, Bicipital groove.